| POSITION | INITIA_S | ID NO. | DATE |
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| FEE DETERMINATION | FSA | 67814 | 7/29/94 |
| O.I.P.E. CLASSIFIER | | 48 | 8/3/47 |
| FORMALITY REVIEW | | 716.22 | 8.20.7 |

INDEX OF CLAIMS

| Rejected | N Non-elected |
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| = Allowed | 1 Interference |
| - (Through numeral) Canceled | A Appeal |
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| Clair | n I | | | | Date | | | | | | 7 | Claim Date | | | | | | | | | | Cla | im | | Date | | | | | | | | | | | |
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If more than 150 claims or 10 actions staple additional sheet here